TOWN OF LAKE PARK 2016 SUMMER CAMP SUPPLEMENTARY REGISTRATION FORM FOR THE VILLAGE OF NORTH PALM BEACH SUMMER CAMP PRGRAM

Please complete this form in its entirety and submit it along with your completed Village of North Palm Beach summer camp registration form to the Town of Lake Park Finance Director in order to determine your eligibility for a subsidy from the Town of Lake Park to assist with summer camp fees. Please note: You MUST be a resident of the Town of Lake Park AND meet the attached 2016 federal poverty guidelines in order to qualify for a subsidy.

Name of Camper:			
Residence Address:			
City:			
Full Name of Parent:			
Telephone Number (w/Area Code): _			
Cell Phone Number (w/Area Code): _			
Email Address:			
Number of Persons in Family/Househ	hold:	<u> </u>	
Annual Family Income:			

On a first-come first-served basis, the Town of Lake Park will provide a subsidy of \$100.00 per child per week for resident families that meet the attached 2016 federal poverty guidelines, which will be paid directly to the Village of North Palm Beach by the Town of Lake Park.

In order to determine eligibility for the above subsidy, you must provide the Town of Lake Park with a copy of your most recent Individual Federal Income Tax Return (Form 1040, 1040A or 1040EZ) as it was submitted to the Internal Revenue Service along with your completed 2016 Summer Camp Registration Form listing the child as a dependent. This is for internal processing only. The Town of Lake Park will keep such documentation confidential. Please remove your social security number from your Federal Income Tax Return prior to submitting it to the Town.

2016 Federal Poverty Guidelines

	household	Poverty guideline	
For families/house	holds with more than 8 pers	ons, add \$4,160 for each additional person.	
1		\$11,880	
2		16,020	
3		20,160	
4		24,300	
5		28,440	
6		32,580	
7		36,730	
8		40,890	
Signature of Pa			
JISHULUIC DI FO	arent	Date	
Signature of Fe	arent	Date	
	FOR TOV	Date /N OF LAKE PARK FINANCE DEPARTMENT USE ONLY ration Form Received:	

Subsidy Disapproved: _____

Action Taken By: _____ (Please initial)

Date: _____